

CLAIMS ONLY

Application Number

10790128

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend				
1			1				51			
2			2				52			
3			2				53			
4			2				54			
5			0				55			
6			2				56			
7			2				57			
8			2				58			
9			0				59			
10			2				60			
11			1				61			
12			1				62			
13			1				63			
14			2				64			
15			2				65			
16			0				66			
17			2				67			
18			2				68			
19			2				69			
20			2				70			
21			2				71			
22			0				72			
23			2				73			
24							74			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			3				Total Indep			
Total Depend			35				Total Depend			
Total Claims			38				Total Claims			

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

10790128

Applicant(s)

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2			2			
3			2			
4			2			
5			①			
6			2			
7			2			
8			2			
9			①			
10			2			
11			1			
12			1			
13			1			
14			2			
15			1			
16			①			
17			2			
18			2			
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21			2			
22			①			
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total Indep			3			
total Depend			35			
total Claims			38			

*	Indep	Depend	*	Indep	Depend	*
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Total Indep						
Total Depend						
Total Claims						